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PTO/SB/05 (4/98)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 12-009

First Inventor or Application Identifier KONDO et al.

Title CERAMIC CATALYST BODY AND CERAMIC CARRIER

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 36]
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Background of the Invention
  - Summary of the Invention
  - Brief Description of the Drawings
  - Detailed Description of the Preferred Embodiment
  - Claims
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 16]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63 (d))  
(for continuation/divisional with Box 16 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
4. Oath or Declaration [Total Sheets 4]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63 (d))  
(for continuation/divisional with Box 16 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231JC979 U.S. PTO  
J09/96115

## ACCOMPANYING APPLICATION PARTS

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b)  
Statement (when there is an assignee)  Power of Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(should be specifically itemized)
13.  \*Small Entity Statement(s)  Statement filed in prior application, (PTO/SB/09-12)  Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: .....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation    Divisional    Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

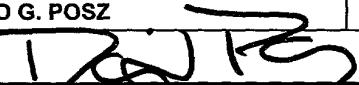
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| Name (Print/type) | DAVID G. POSZ   | Registration No. (Attorney/Agent) | 37,701  |
| Signature         |  | Date                              | 9-24-01 |

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September 24, 2001

Hon. Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

**OIPE HAND DELIVERY FILING CERTIFICATE**

**Applicant:** KONDO et al.

**For:** CERAMIC CATALYST BODY AND CERAMIC CARRIER

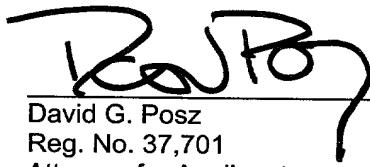
**Docket:** 12-009

**Attorney:** David G. Posz

**Date of Deposit:** September 24, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies);
- fee calculation form (2 copies);
- 36 page specification including 21 numbered claims;
- 16 sheets of formal drawings;
- executed declaration/power of attorney;
- executed assignment with recordation cover sheet (2 pages total);
- 1 certified copy each of 3 priority documents  
(JP 2000-297993, JP 2000-301666, JP 2001-225985) and
- check for \$1008.



\_\_\_\_\_  
David G. Posz  
Reg. No. 37,701  
Attorney for Applicant

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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

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|-------------------------|------|------|---------------------|--------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 1008 | Attorney Docket No. | 12-009 |
|-------------------------|------|------|---------------------|--------|

| METHOD OF PAYMENT (check one)   |              |                       |           |  | FEE CALCULATION (continued)  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
|---|--------------|-----------------------|-----------|--|--|-------------------|--|--|--|-----------------------|--------------|-----------------------|----------|-----------------|--------|----------|-----------|-----|-------|------------------------|-------------------------------------|--------------|------------|-----|-----|-----------------------------------|-----|--|-----|-----|-----|---------------------------------------|-----|-----|---------------------------|-----|----|---|-------|-----|-------|--|---|---|-----|------|-----|------|--|--|--|-----|--------|-----|--------|---|--|--|-----|-----|-----|----|--|--|--|-----|-----|-----|-----|---|--|--|-----|-----|-----|-----|--|--|--|-----|-------|-----|-----|---|--|--|-----|-------|-----|-----|--|--|--|-----|-----|-----|-----|------------------|--|--|-----|-----|-----|-----|--|--|--|-----|-----|-----|-----|--------------------------|--|--|-----|-------|-----|-------|---|--|--|-----|-----|-----|----|----------------------------------|--|--|-----|-------|-----|-----|------------------------------------|--|--|-----|-------|-----|-----|--------------------------------|--|--|-----|-----|-----|-----|------------------|--|--|-----|-----|-----|-----|-----------------|--|--|-----|-----|-----|-----|-------------------------------|--|--|-----|----|-----|----|---|--|--|-----|-----|-----|-----|---|--|--|-----|----|-----|----|--|--|--|-----|-----|-----|-----|---|--|--|-----|-----|-----|-----|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|-----|-------------------|--|--|--|--|----|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <b>50-1147</b>   |              |                       |           |  | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td colspan="2">Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td colspan="2">Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td colspan="2">Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td colspan="2">For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td colspan="2">Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td colspan="2">Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td colspan="2">Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td colspan="2">Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td colspan="2">Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td colspan="2">Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td colspan="2">Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td colspan="2">Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td colspan="2">Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td colspan="2">Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td colspan="2">Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td colspan="2">Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td colspan="2">Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td colspan="2">Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td colspan="2">Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td colspan="2">Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td colspan="2">Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td colspan="2">Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td colspan="2">Submission of information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td colspan="2">Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td colspan="2">Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td colspan="2">For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td colspan="5"></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td colspan="5"></td> </tr> <tr> <td colspan="5">SUBTOTAL (1) (\$)</td> <td>710</td> <td colspan="5">SUBTOTAL (3) (\$)</td> <td>40</td> </tr> </tbody> </table> |                   |  |  |  | Large Entity Fee Code | Fee (\$)     | Small Entity Fee Code | Fee (\$) | Fee Description |        | Fee Paid | 105       | 130 | 205   | 65                     | Surcharge – late filing fee or oath |              |            | 127 | 50  | 227                               | 25  | Surcharge – late provisional filing fee or cover sheet |     |     | 139 | 130                                   | 139 | 130 | Non-English specification |     |    | 147   | 2,520 | 147 | 2,520 | For filing a request for reexamination |   |   | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  |  | 119 | 310 | 219 | 155 | Notice of Appeal |  |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  |  | 121 | 270 | 221 | 135 | Request for oral hearing |  |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  |  | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional |  |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  |  | 143 | 440 | 243 | 220 | Design issue fee |  |  | 144 | 600 | 244 | 300 | Plant issue fee |  |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  |  | 126 | 240 | 126 | 240 | Submission of information Disclosure Stmt |  |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  | SUBTOTAL (1) (\$) |  |  |  |  | 710 | SUBTOTAL (3) (\$) |  |  |  |  | 40 |
| Large Entity Fee Code   | Fee (\$)     | Small Entity Fee Code | Fee (\$)  | Fee Description  |  | Fee Paid          |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 105   | 130          | 205                   | 65        | Surcharge – late filing fee or oath  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 127   | 50           | 227                   | 25        | Surcharge – late provisional filing fee or cover sheet                     |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 139   | 130          | 139                   | 130       | Non-English specification  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 147   | 2,520        | 147                   | 2,520     | For filing a request for reexamination                                     |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 112   | 920*         | 112                   | 920*      | Requesting publication of SIR prior to Examiner action                     |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 113   | 1,840*       | 113                   | 1,840*    | Requesting publication of SIR after Examiner action                        |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 115   | 110          | 215                   | 55        | Extension for reply within first month                                     |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 116   | 390          | 216                   | 195       | Extension for reply within second month                                    |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 117   | 890          | 217                   | 445       | Extension for reply within third month                                     |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 118   | 1,390        | 218                   | 695       | Extension for reply within fourth month                                    |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 128   | 1,890        | 228                   | 945       | Extension for reply within fifth month                                     |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 119   | 310          | 219                   | 155       | Notice of Appeal   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 120   | 310          | 220                   | 155       | Filing a brief in support of an appeal                                     |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 121   | 270          | 221                   | 135       | Request for oral hearing   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 138   | 1,510        | 138                   | 1,510     | Petition to institute a public use proceeding                              |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 140   | 110          | 240                   | 55        | Petition to revive – unavoidable   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 141   | 1,240        | 241                   | 620       | Petition to revive – unintentional   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 142   | 1,240        | 242                   | 620       | Utility issue fee (or reissue)   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 143   | 440          | 243                   | 220       | Design issue fee   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 144   | 600          | 244                   | 300       | Plant issue fee  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 122   | 130          | 122                   | 130       | Petitions to the Commissioner  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 123   | 50           | 123                   | 50        | Petitions related to provisional applications                              |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 126   | 240          | 126                   | 240       | Submission of information Disclosure Stmt                                  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 581   | 40           | 581                   | 40        | Recording each patent assignment per property (times number of properties) |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 146   | 710          | 246                   | 355       | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 149   | 710          | 249                   | 355       | For each additional invention to be examined (37 CFR § 1.129(b))           |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| Other fee (specify) _____   |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| Other fee (specify) _____   |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| SUBTOTAL (1) (\$)   |              |                       |           |  | 710  | SUBTOTAL (3) (\$) |  |  |  |                       | 40           |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| FEE CALCULATION   |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td colspan="2">Utility filing fee</td><td><b>710</b></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td colspan="2">Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td colspan="2">Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td colspan="2">Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td colspan="2">Provisional filing fee</td><td></td></tr> </tbody> </table> |              |                       |           |  |  |                   |  |  |  | Large Entity Fee Code | Fee (\$)     | Small Entity Fee Code | Fee (\$) | Fee Description |        | Fee Paid | 101       | 710 | 201   | 355                    | Utility filing fee                  |              | <b>710</b> | 106 | 320 | 206                               | 160 | Design filing fee                                      |     |     | 107 | 490                                   | 207 | 245 | Plant filing fee          |     |    | 108   | 710   | 208 | 355   | Reissue filing fee                     |   |   | 114 | 150  | 214 | 75   | Provisional filing fee                                 |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| Large Entity Fee Code   | Fee (\$)     | Small Entity Fee Code | Fee (\$)  | Fee Description  |  | Fee Paid          |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 101   | 710          | 201                   | 355       | Utility filing fee   |  | <b>710</b>        |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 106   | 320          | 206                   | 160       | Design filing fee  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 107   | 490          | 207                   | 245       | Plant filing fee   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 108   | 710          | 208                   | 355       | Reissue filing fee   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 114   | 150          | 214                   | 75        | Provisional filing fee   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| SUBTOTAL (1) (\$) <b>710</b>  |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>21</td><td>-20**=</td><td>1</td><td><b>18</b></td></tr> <tr><td>6</td><td>-3**=</td><td>3</td><td><b>80</b></td></tr> <tr><td colspan="4"><b>= 240</b></td></tr> </tbody> </table><br>Multiple Dependent _____   |              |                       |           |  |  |                   |  |  |  | Total Claims          | Extra Claims | Fee from Below        | Fee Paid | 21              | -20**= | 1        | <b>18</b> | 6   | -3**= | 3                      | <b>80</b>                           | <b>= 240</b> |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| Total Claims  | Extra Claims | Fee from Below        | Fee Paid  |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 21  | -20**=       | 1                     | <b>18</b> |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 6   | -3**=        | 3                     | <b>80</b> |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| <b>= 240</b>  |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| **or number previously paid, if greater; For Reissues, see below  |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td colspan="2">Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td colspan="2">Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td colspan="2">Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td colspan="2">**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td colspan="2">**Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>      |              |                       |           |  |  |                   |  |  |  | Large Entity Fee Code | Fee (\$)     | Small Entity Fee Code | Fee (\$) | Fee Description |        | 103      | 18        | 203 | 9     | Claims in excess of 20 |                                     | 102          | 80         | 202 | 40  | Independent claims in excess of 3 |     | 104  | 270 | 204 | 135 | Multiple dependent claim, if not paid |     | 109 | 80                        | 209 | 40 | **Reissue independent claims over original patent |       | 110 | 18    | 210                                    | 9 | **Reissue claims in excess of 20 and over original patent |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| Large Entity Fee Code   | Fee (\$)     | Small Entity Fee Code | Fee (\$)  | Fee Description  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 103   | 18           | 203                   | 9         | Claims in excess of 20   |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 102   | 80           | 202                   | 40        | Independent claims in excess of 3  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 104   | 270          | 204                   | 135       | Multiple dependent claim, if not paid                                      |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 109   | 80           | 209                   | 40        | **Reissue independent claims over original patent                          |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| 110   | 18           | 210                   | 9         | **Reissue claims in excess of 20 and over original patent                  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| SUBTOTAL (2) (\$) <b>258</b>  |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |
| *Reduced by Basic Filing Fee Paid   |              |                       |           |  |  |                   |  |  |  |                       |              |                       |          |                 |        |          |           |     |       |                        |                                     |              |            |     |     |                                   |     |  |     |     |     |                                       |     |     |                           |     |    |   |       |     |       |  |   |   |     |      |     |      |  |  |  |     |        |     |        |   |  |  |     |     |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |     |       |     |     |   |  |  |     |       |     |     |  |  |  |     |     |     |     |                  |  |  |     |     |     |     |  |  |  |     |     |     |     |                          |  |  |     |       |     |       |   |  |  |     |     |     |    |                                  |  |  |     |       |     |     |                                    |  |  |     |       |     |     |                                |  |  |     |     |     |     |                  |  |  |     |     |     |     |                 |  |  |     |     |     |     |                               |  |  |     |    |     |    |   |  |  |     |     |     |     |   |  |  |     |    |     |    |  |  |  |     |     |     |     |   |  |  |     |     |     |     |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |     |                   |  |  |  |  |    |

| SUBMITTED BY      |   |  |  |                                      |                | Complete (if applicable) |                       |
|-------------------|---|--|--|--------------------------------------|----------------|--------------------------|-----------------------|
| Name (Print/Type) | <b>DAVID G. POSZ</b>  |  |  | Registration No.<br>(Attorney/Agent) | <b>37,701</b>  | Telephone                | <b>(202) 416-1638</b> |
| Signature         |  |  |  | Date                                 | <b>9-24-01</b> |                          |                       |

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